



**AIRFAX-FALLS CHURCH CHILDREN'S SERVICES for
AT-RISK CHILDREN, YOUTH & FAMILIES**

**January 26, 2024
Agenda**

1:00 p.m. -- Convene meeting

1. **MINUTES:** approve minutes from August 25, 2023 meeting
2. **ITEMS: Administrative Items**
 - Item A – 1: Appointment of FAPT Member
 - Item A – 2: Mental Health Initiative (MHI) Local Funding Plan
- **CSA Contract Items**
 - Item C – 1: Monthly Out of State Placement Report
- **CSA Information Items**
 - Item I – 1: Update on Substance Use Disorder Treatment Services
 - Item I – 2: FAPT Residential Entry Report
 - Item I – 3: Residential Site Visit Process
 - Item I – 4: Local CSA Resource Survey for FY2023
 - Item I – 5: Serious Incident Report for FY 24 Q 1 and Q2
 - Item 1 – 6: Local CSA Policy and Procedures Manual Annual Revisions
 - Item I – 7: CSA Coordinator's Report
 - Item I – 8: Budget Report
- **NOVACO – Private Provider Items**
- **CPMT Parent Representative Items**
- **Cities of Fairfax and Falls Church Items**
- **Public Comment**

3:00 p.m. – Adjourn



*Scan to view
meeting materials.*



FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES

August 25, 2023

(Meeting Rescheduled - No Quorum in June or July)

Community Policy and Management Team (CPMT)

Location

Meeting Minutes

Attendees: , Michael Axler, Michael Becketts, Terri Edmunds-Heard, Deb Evans, Annie Henderson, Dana Jones, Joe Klemmer, Dawn Schaefer, Rebecca Sharp, Lloyd Tucker, Daryl Washington

Absent: Gloria Addo-Ayensu Lesley Abashian, Staci Alexander, Richard Leichtweis, Chris Leonard, Matt Thompson,

HMF Attendees:

CSA Management Team Attendees: Kelly Conn-Reda, Barbara Martinez, Jessica Jackson, Kamonya Omatete, Mary Jo Davis, Desiree Roberts, LaVurne Williams,

Stakeholders and CSA Program Staff Present: Janet Bessmer, Laura Haggerty-Lacalle, Samira Hotochin, Morton, Jeanne Veraska, Sarah Young

1. **MINUTES:** Approve minutes of May 19, 2023, meeting. *Motion to approve made by Annie Henderson; seconded by Joe Klemmer; all members agree, motion carries. Daryl Washington abstained.*

2. **ITEMS:**

• **Administrative Items:**

Item A – 1 Approve FAPT Representatives – Presented by Sarah Young. Request to approve nomination of new FAPT member. *Motion to approve made by Daryl Washington; seconded by Annie Henderson; all members agree, motion carries.*

Item A – 2: Recommend Re-appointment of CPMT Parent Representatives to BOS – Presented by Janet Bessmer. CPMT members were asked to approve the re-appointment of our current CPMT parent representatives, Annie Henderson, Joe Klemmer and Staci Jones Alexander, to the Board of Supervisors. *Motion to approve made by Dana Jones; seconded by Rebecca Sharp; all members agree, motion carries.*

• **CSA CONTRACT ITEMS:**

Item C – 1: Out of State Placement Report – Presented by Barbara Martinez. CSA Management Team approved eight Child Specific Requests for out of state placements since the last CPMT meeting. This report illustrates how difficult it is to find in-state facilities.

Approved:

Item C – 2: Update on FY 24 Contract Rate Increases – Presented by Barbara Martinez. Contract rates typically increase each year, however, due to COVID-19 and the high rate of inflation, contract rates continue to increase. Any rate increase under 5% can be review by CSA management Team. Over 5% increase requires additional review. The FY24 State budget has not been finalized yet therefore there has been a delay in processing private day school (more info will be presented in Item I-1) and therapeutic foster care rates. The CSA Management Team has approved DPMM’s request to extend the current contracts by one year due to the harmony replacement process. Providers will receive an extension contract through June 2025 rather than completing new contract to reduce impact on workforce. Reapplication will begin July 2024.

- **CSA INFORMATION ITEMS:**

Item I – 1: Update on Private Day Rate Setting -Presented by Janet Bessmer, Barbara Martinez, and Kelly Conn Reda. There is a now a limit on what the state will match. State will only match up to 2% increase from last year’s rate. This starts in August when the school year begins. The additional cost beyond the approved increase will be covered by FCPS. Michael Becketts commented that the new budget was sent to the governor’s office today so hopefully this be resolved soon. Dawn Schaefer commented that this was the big topic at the division director’s meeting today. Rebecca Sharp mentioned that although the FCCPS is smaller the increase will impact their school budget as well.

Item I – 2: CSA Budget Report Presented by Desiree Roberts. RTC cost is up 26% due to increase in placements. Private day school cost increased by 5% but less children are being served. Dawn Schaefer stated that the past few years there was ESSRA funds (provided due to COVID) to assist youth with community-based services while they were on a waitlist. This funding is no longer available. Michael Becketts asked what happens when placement cannot be found for youth. Kelly Conn-Reda stated it depends on the situation. Rebecca Sharp commented that FCCPS have been experiencing the same waitlist issues for providers. IEP teams have been forced to make decisions based on lack of providers. Kamonya Omatete commented that there has been a significant increase in youth served by foster care compared to FY22.

Item I – 3: Discussion CPMT Strategic Planning: Follow up to April Dialog – Presented by Janet Bessmer. CSA program is requesting feedback on CPMT Strategic Plan. Proposal includes four areas of focus to structure future CPMT meetings. Michael Becketts suggested aligning this strategic plan to One Fairfax Plan and school plans. Joe Klemmer asked about how these plans will be implemented. Daryl Washington asked to expand on language regarding service provider gaps. The plan will be revised to implement the suggestions and presented in next meeting.

Item I – 4: CSA Coordinator’s Report – Presented by Janet Bessmer. Issues include case management and provider capacity, as well as outreach and communication. CSA has been working on reviewing/updating the policy manual, preparing for upcoming audit in FY25, and preparing for implementation of a new management system. Furthermore, a CSA training plan has been developed for FY24 and a new online parent inquiry form and consent is now available online.

Item I – 5: Residential Entry and FAPT Report Q 3 and Q 4 – Presented by Sarah Young and Jeanne Veraska. 50% more youth in RTC compared to last year at the same time. Increase in youth being placed due to substance abuse.

Item I – 6: Results of Service Gap Survey – Presented by Laura Haggery- Lacalle. In June 2023 a Gap and Needs Community Survey was distributed. CSA recommends approving the survey results to submit to OCS. Michael Becketts asked if there will be a deeper analysis on the results. Janet Bessmer



responded that currently CSA is not planning on working on a deeper analysis.

- **CPMT Parent Representative Items** – none
- **Cities of Fairfax and Falls Church Items** – none
- **NOVACO – Private Provider Items** – none
- **Public Comment** – none
- **Staff Comment** – Daryl Washington shared that CSB has submitted a proposal to expand case support for underserved areas which will be presented to the Board of Supervisors. They are also working on other proposals such as opening an RTC and expanding youth medication assistance treatment program.

Next Meeting: September 22, 2023, 1:00 – 3:00pm (Government Center, Room 120-C)

Adjourn 2:17pm: Motion to adjourn by Deb Evans, seconded by Dawn Schaefer; all members agree, motion carries.

Approved:

Memo to the CPMT
January 26, 2024

Administrative Item A-1: APPOINTMENT OF NEW FAMILY ASSESSMENT AND PLANNING TEAM (FAPT) MEMBERS

ISSUE:

That the CPMT approve the following person to serve on the FAPT:

DFS

- Colleen Regan

RECOMMENDATION:

Approval of the appointment of the nominee as a FAPT representative.

BACKGROUND:

Colleen is currently a Foster Care and Adoption Supervisor, a position she was promoted to in May 2023. She began working for Fairfax County DFS in September 2012 as a Specialist II and was promoted to Specialist III in June 2014. In addition to managing a large and often complex caseload, she has considerable experience training new Specialists and interns as well. Colleen has shadowed existing members at numerous FAPT meetings and is prepared to serve as a representative of her respective agency on the FAPT.

FISCAL IMPACT:

None

STAFF:

Sarah Young, FAPT Coordinator

MEMO TO THE CPMT

January 26, 2024

Administrative Item A - 2: Proposal for Use of Mental Health Initiative (MHI) Local Funding for FY24

ISSUE: That the CPMT approve the plan for use of MHI Local funds in FY24

BACKGROUND:

In 2006, the Board of Supervisors approved a transfer of general funds to the Community Services Board (CSB) as a match to state Mental Health Initiative (MHI-S) Funding. Both funds were intended to support the needs of youth who were considered “non-mandated” for Children’s Services Act (CSA) services. Changes to eligibility criteria which expanded mandated funding to youth who met Child in Need of Services (CHINS) criteria reduced the demand on non-mandated funding for purchased services. Mental Health Initiative Local funds are available for more flexible uses based on current system needs.

The CSA Management Team reviewed an annual funding proposal by CSB staff and supported the following allocation of the MHI Local Budget of \$440,650:

Amount	Purpose
\$260,000	2.3 Resource Team positions to support staffing of Family Resource team meeting (current use)
\$40,000	Fund for CSA disallowances to reimburse providers due to error or oversight by staff (current use)
\$45,650	Flexible funding to meet emergency and short-term needs for families enrolled in Intensive Care Coordination through CSA Wraparound Fairfax (current use)
\$35,000	Funding for Juvenile and Domestic Relations District Court (JDRDC) for purchase of assessments and evaluations as per prior agreement (current)
\$60,000	<i>Support for youth requiring SUD treatment services and supports such as medication, transportation and other clinical care when CSA is disallowed (New)</i>
\$440,650	Total

Justification:

Serving youth with high SUD acuity in out of state residential programs has resulted in some unexpected CSA disallowances. Providers who are not accustomed to CSA made some program

and level of care decisions without pre-authorization. CSA was not eligible as a funding source for the additional services billed. The youth were served appropriately but the administrative process necessary for CSA funding was not followed. MHI local funds allocated for this purpose were exhausted and therefore, with the approval of the CSB, the CSA Management Team requests an additional allocation of \$60,000 that had been previously earmarked for HMF. HMF does not require these funds in FY 24. The case managers and their supervisors are aware of the challenges that must be monitored and addressed moving forward with the new vendors providing SUD treatment.

Please see attached chart with information about MHI Local use for CSA disallowances.

RECOMMENDATION: That the CPMT approved the plan for FY 24 use of the Mental Health Initiative Local funds.¹

ATTACHMENT: Chart

STAFF:

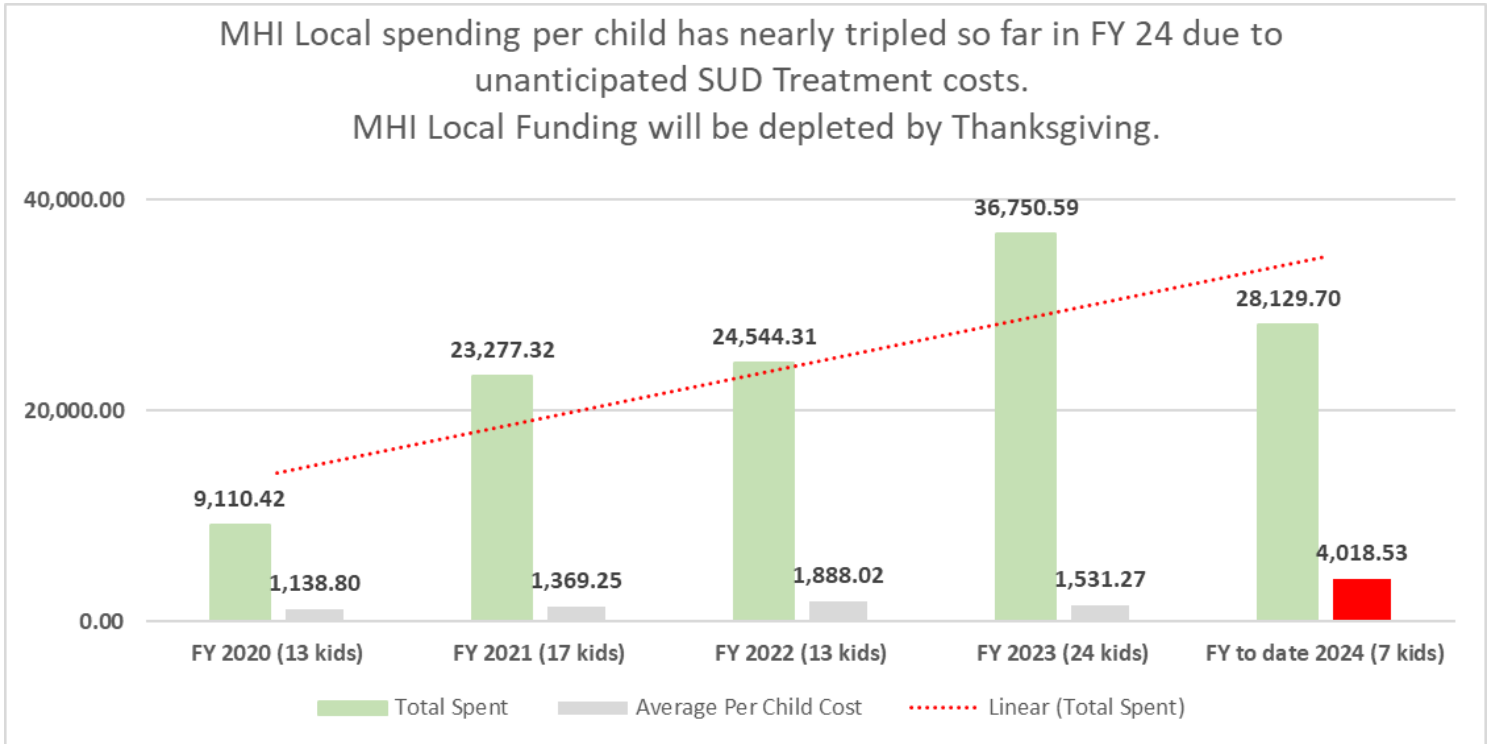
LaVurne Williams, Youth and Family Service Director, Fairfax-Falls Church Community Services Board

Janet Bessmer, Program Manager, Children’s Services Act

Laura Haggerty-Lacalle, Asst Program Manager, CSA

¹ Local Policy Manual, Section 3.4 Community Services Board “The CSB shall report quarterly to the CPMT on all CSB activities and services funded by CSA, Mental Health Initiative-State (MHI-State), Mental Health Initiative-Local (MHI-Local), and Resource Team activities funded through CSB general funds, in a jointly agreed format. CSB changes in the use of CSA, MHI-State, and MHI-Local funds shall be jointly agreed upon by the CSB and CPMT.”

MHI Local for CSA Disallowances Needs Additional Funding



CPMT Contract Information Item C-1: Out of State Residential Child Specific Contract Activity

ISSUE: That the CPMT receive regular reports on the CSA Management Team approvals of placements in out of state residential facilities. Since the last CPMT meeting, DPMM processed eight (8) Child Specific Contract Requests for out of state residential Services.

Date Received by DPMM	Provider	Location	Medicaid Participating / Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
10/30/2023	Huntington Creek	Schickshinny, PA	No	CSB	Opiate involved SUD needing detox	10/31/2023
10/31/2023	Huntington Creek	Schickshinny, PA	No	CSB	Opiate involved SUD needing detox	11/6/2023
11/20/2023	Huntington Creek	Schickshinny, PA	No	CSB	Opiate involved SUD needing detox	11/20/2023
11/29/2023	Sandstone	Crownsville, MD	No	DFS-FC&A	Opiate involved SUD needing detox	11/29/2023
12/11/2023	Hazelden Betty Ford	Plymouth, MN	No	CSB	Opiate involved SUD needing detox	12/12/2023
12/13/2023	Sandstone-Crownsville	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	12/15/2023
12/20/2023	Huntington Creek	Schickshinny, PA	No	CSB	Opiate involved SUD needing detox	12/21/2023
1/20/2024	Hazelden Betty Ford	Plymouth, MN	No	DFS-FC&A	Opiate involved SUD needing detox	1/22/2024

BACKGROUND:

As of January 29, 2021, the CPMT has delegated authority for the approval of out of state residential placements for youth to the CSA Management Team. For each month in which a contract is approved, a report of the contract activity is required by the CPMT to identify both new child specific contract placements and any existing child specific contracts that remain active. In the consideration of each contract placement request, all clinically appropriate Medicaid providers located in Virginia under Agreement for Purchase of Services (APOS) with the County were considered and were determined not appropriate due to the individual needs of the youth.

CURRENT SITUATION:

Since the last CPMT, there were eight (8) new child specific contracts approved by the CSA Management Team as noted above. In addition to the newly approved Child Specific Contract, there were a total of eight (8) active Child Specific Contracts for youth with out of state facilities as detailed below:

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval¹
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Maplebrook School	Armenia, New York	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
Latham Centers	Brewster, Massachusetts	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021
Millcreek of Pontotoc—Willow Springs Group Home	Blue Springs, Mississippi	DFS-FC&A	Borderline IQ, run risk, self-injurious	8/7/2023
Sandstone	Crownsville, MD	JDRDC	Opiate involved SUD needing detox	8/17/2023
Hazelden Betty Ford	Plymouth, MN	DFS-FC&A	Opiate involved SUD needing detox	9/18/2023
Stevens Programs	Swansea, MA	JDRDC	Youth with Problematic Sexual Behavior	10/17/2023

ATTACHMENT: None

STAFF:

Barbara Martinez, DPMM

¹ Child Specific Contracts approved by the CPMT, prior to the delegation to the CSA Management Team, are noted accordingly.



MEMO TO THE CPMT

January 26, 2024

Information Item I- 1: Update on Substance Use Disorder (SUD) Treatment Services for Youth

ISSUE:

That the CPMT have updated information about the CSA System of Care response for SUD treatment services for youth.

BACKGROUND:

SUD treatment for opioids/fentanyl is a relatively new identified area of concern and an expansion of CSA services.

- Referrals to CSA for primary SUD treatment began in FY23. In FY23, 12 youth received residential treatment for SUD. It is estimated that 25 youth will be served in FY 24.
- CPMT approved an expedited approval process to connect youth to treatment services as quickly as possible.
- CSA Management Team expanded our network of SUD providers to include 4 NEW out of state RTC providers and 6 NEW community-based providers
- Budgetary impact for these placements will require additional time and analysis.

There are limited SUD providers in Virginia and across the nation. We are having to place children out of state.

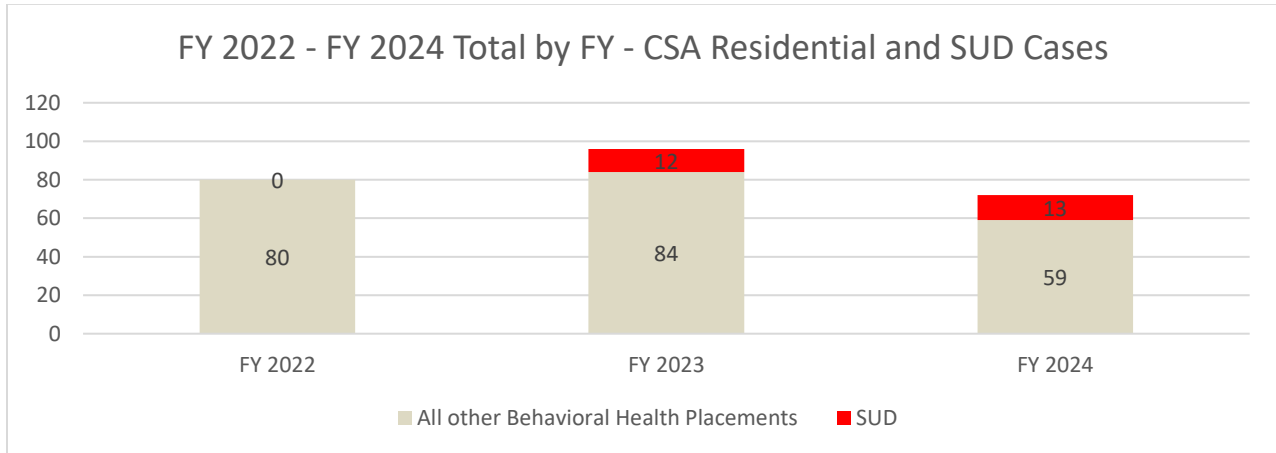
- Out of state programs are not covered by VA Medicaid. CSA is paying the full cost of treatment. These services are expensive but residential stays are of shorter duration than standard psychiatric residential services.
- For many youth and families, the costs to CSA for treatment include additional supports such as transportation, hotel, meals, supervised/secure transport, and interpretation services.
- County staff will have to visit programs and provide monitoring to these new out of state programs.

This expansion of services impacts case management capacity and administrative staff workload. In addition, the youth are less stable in the early stages of intervention and have runaway or refused treatment requiring frequent revision to the authorizations. Families may need more support to access care for their youth.

- UR analysts are estimating it will take an additional 3 hrs per case to manage the extra transactions for support services.
- CSA, DPMM, and CSB work together to maintain a list of providers that offer an array of services across the levels of care.
- CSA participates in the Opioid and Substance Use Task Force.

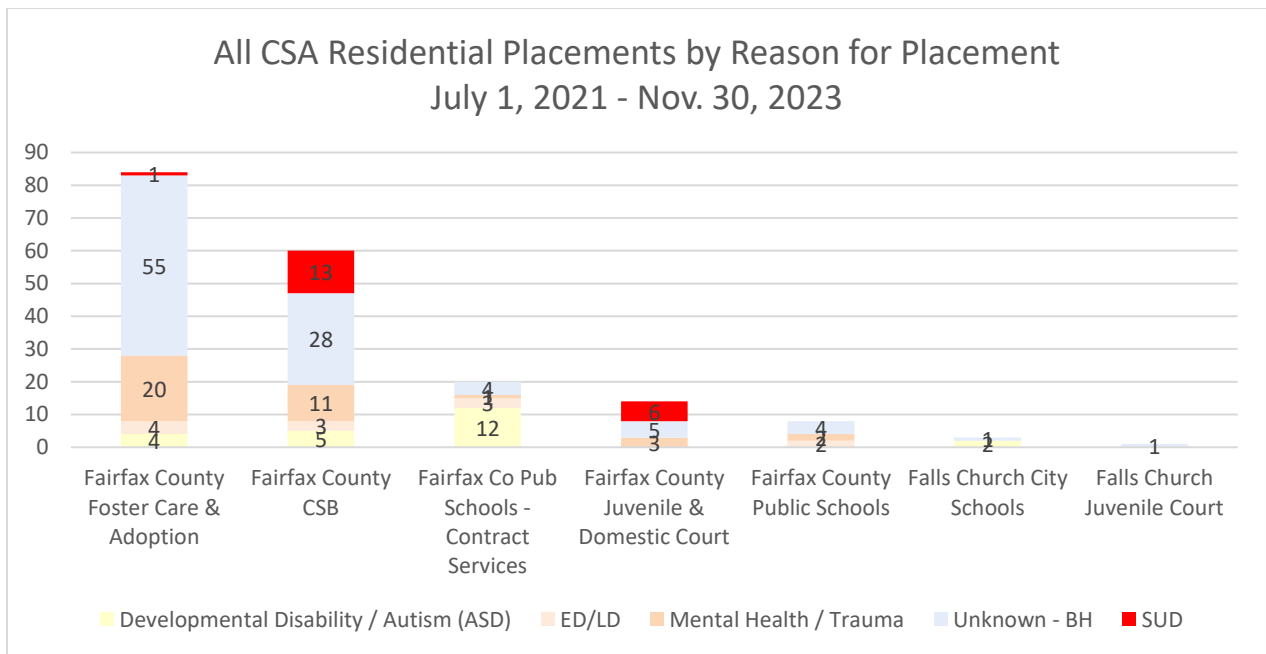


CSA Residential Placements FY 2022 – FY 2024



- CSA began funding SUD residential placements in FY 2023.
- Individuals may be served in multiple fiscal years.
- For FY 24 - An additional 12 individuals are projected to be placed for SUD if current placement rate continues, for an annual total of 25 individuals.

Placements by CSA Lead Agency by Reason for Placement



- Total # of Placements during 2 + year period was 190. [This number is unduplicated.]
- There was a total of 20 placements for SUD, from CSB, JDR, and FC&A.
- Avg. LOS for SUD placements was 81 Days



Data Source: Harmony – Enrollments (FY 2022 – FY 2024 YTD). Missing data coded as “Unknown – BH”

ATTACHMENT:

Service Provider Level of Care

STAFF:

Laura Haggerty-Lacalle

Janet Bessmer

Jeanne Veraska

Jessica Jackson, CSB

Levels of Care for Substance Use Disorder (SUD)

For more information about these programs, click on the links.

Providers are organized by levels of care, however not all are ASAM (American Society of Addictions Medicine) certified.

*Services offered in Spanish

Providers under contract with Fairfax-Falls Church Children's Services Act (CSA) are indicated by a red border.

Providers' capacity & programming may change. Please contact providers for current service listing.

Outpatient < 6 hrs per week
ASAM Level 1.0

Intensive Outpatient (IOP) > 6 hrs per week
ASAM Level 2.1

Partial Hospitalization Program (PHP)
ASAM Level 2.5

Residential
30 days
ASAM Level 3.1, 3.5

Detoxification
Inpatient, Medically supervised 16 hrs per day of care
3-5 days
ASAM Level 3.7+

[BEHAVIORAL HEALTH THERAPY SOLUTIONS](#)

[DOMINION HOSPITAL](#)
Accepts Insurance/ Medicaid

*[HEALTH CONNECT AMERICA](#)
Accepts Insurance/Medicaid
ASAM Certified Clinicians

[INOVA KELLAR](#)
Accepts Insurance

*[MANASSAS ADDICTIONS CLINIC](#)
Accepts Insurance/Medicaid

[NATIONAL COUNSELING GROUP/ENVISION](#)
Accepts Medicaid

*[TRANSITIONS...THE PROCESS OF CHANGE](#)

[U.S. CARE BEHAVIORAL HEALTH](#)
co-occurring SA evaluations

[DOMINION HOSPITAL](#)
Accepts Insurance/ Medicaid

[Dominion Cares](#)
Not ASAM Certified

[Embark of Tysons](#)
Accepts Insurance

*[HEALTH CONNECT AMERICA](#)
Accepts Insurance/Medicaid
ASAM Certified Clinicians

[INOVA KELLAR](#)
Accepts Insurance

[INTERCEPT](#)
IOP by telehealth

[MASON COUNSELING GROUP](#)
co-occurring groups

[National Capital Treatment & Recovery](#)
Arlington, VA
Accepts Insurance

[NEWPORT HEALTH CARE](#)
Accepts Insurance

[SANDSTONE – RESTON](#)
Accepts Insurance

[The Williams Center](#)
Accepts Insurance

[Embark of Tysons](#)
Accepts Insurance

*[HEALTH CONNECT AMERICA](#)
Accepts Insurance/Medicaid

[INOVA KELLAR](#)
Accepts Insurance

[National Capital Treatment & Recovery](#)
Arlington, VA
Accepts Insurance

[NEWPORT HEALTH CARE](#)
Accepts Insurance

[SANDSTONE – RESTON](#)
Accepts Insurance

[DOMINION HOSPITAL](#)
Accepts Insurance/ Medicaid
Co-occurring, MH primary

[TIMBER RIDGE](#)
Winchester, VA – ARTS Programs
Accepts VA Medicaid

[HALLMARK YOUTHCARE](#)
Richmond, VA – ARTS Programs
Accepts VA Medicaid

[SANDSTONE – Maryland, Colorado](#)
Maryland and Colorado
Accepts Insurance
Short-term residential program (30-days)

[Embark at the Poconos](#)
White Haven, PA
Accepts Insurance
Residential (Not Detox)

[Newport Healthcare - Connecticut](#)
Accepts Insurance
Residential (Not Detox)

[HAZELDEN BETTY FORD](#)
Plymouth, Minnesota
Accepts Insurance

[Huntington Creek](#)
Shickshinny, PA
Accepts Insurance

[SANDSTONE – COLORADO](#)
Accepts Insurance
Adolescent inpatient detox

Resources for Medication Assisted Treatment

*[MANASSAS ADDICTIONS CLINIC](#) Accepts Insurance/Medicaid
Medication Assisted Treatment- outpatient detox / ASAM level 1 OBAT

*[FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD \(CSB\)](#)
Accepts Insurance/Medicaid

*[MASON AND PARTNERS](#) Medication Assisted Treatment (MAT)

MEMO TO THE CPMT

January 26, 2024

Information Item I-2: FY 24 Quarter 1 Residential Entry and FAPT Report

ISSUE: That the CPMT receive regular management reports about the utilization and performance of residential placements.

BACKGROUND:

As per § 2.2-5206 the powers and duties of the Community Policy and Management teams, each CPMT “shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

13. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family- like setting, or their community;”

The CSA program provides quarterly data reports to the CPMT to facilitate oversight of key outcomes.

ATTACHMENT:

FY 23 Quarters 3&4 Residential Entry and FAPT Report

STAFF:

Jeanne Veraska, UR Manager
Sarah Young, FAPT Coordinator

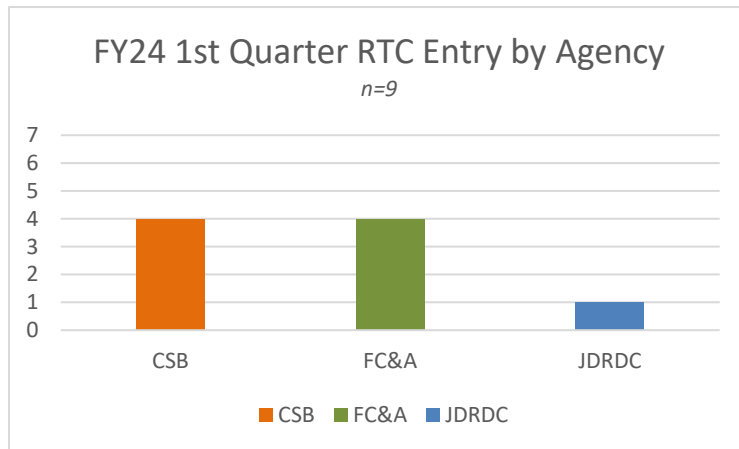
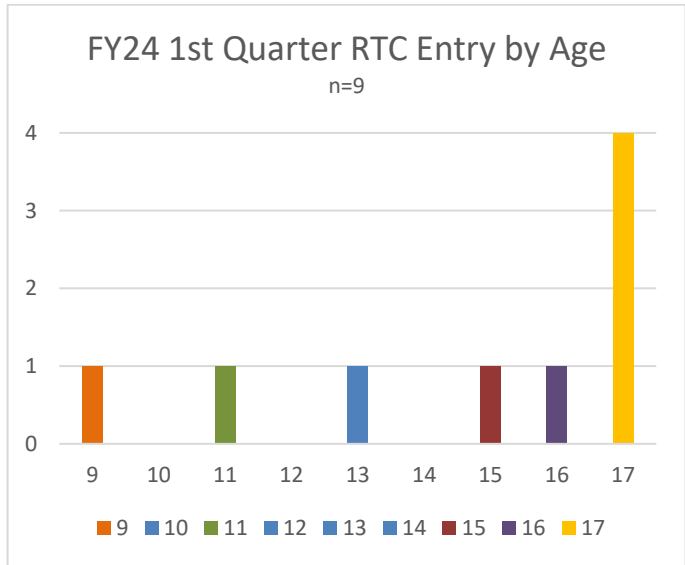
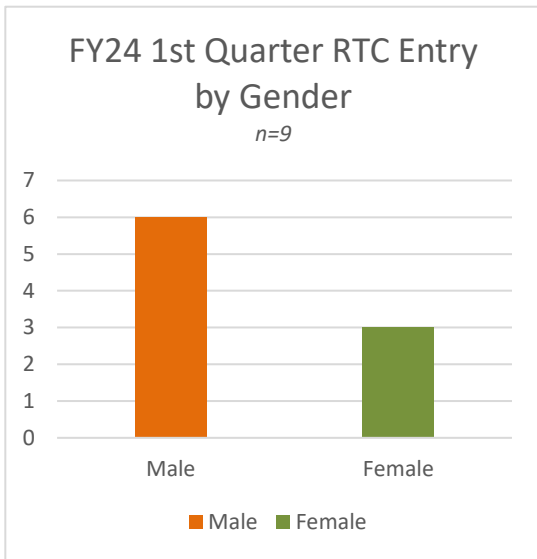
FY 24 Q1 RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, *prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.*

Nine (9) youth entered* long-term residential settings FY24 1st Quarter:

- July – 0
- August – 4
- September – 5
- Group Home placements – 1
- RTC placements - 8



*Five (5) youths who have been in residential care made transfers during the second quarter. One (1) was placed in a more restrictive setting (group home to residential), and four (4) stepped down from residential to a group home. The five (5) youths are not captured in the above data.

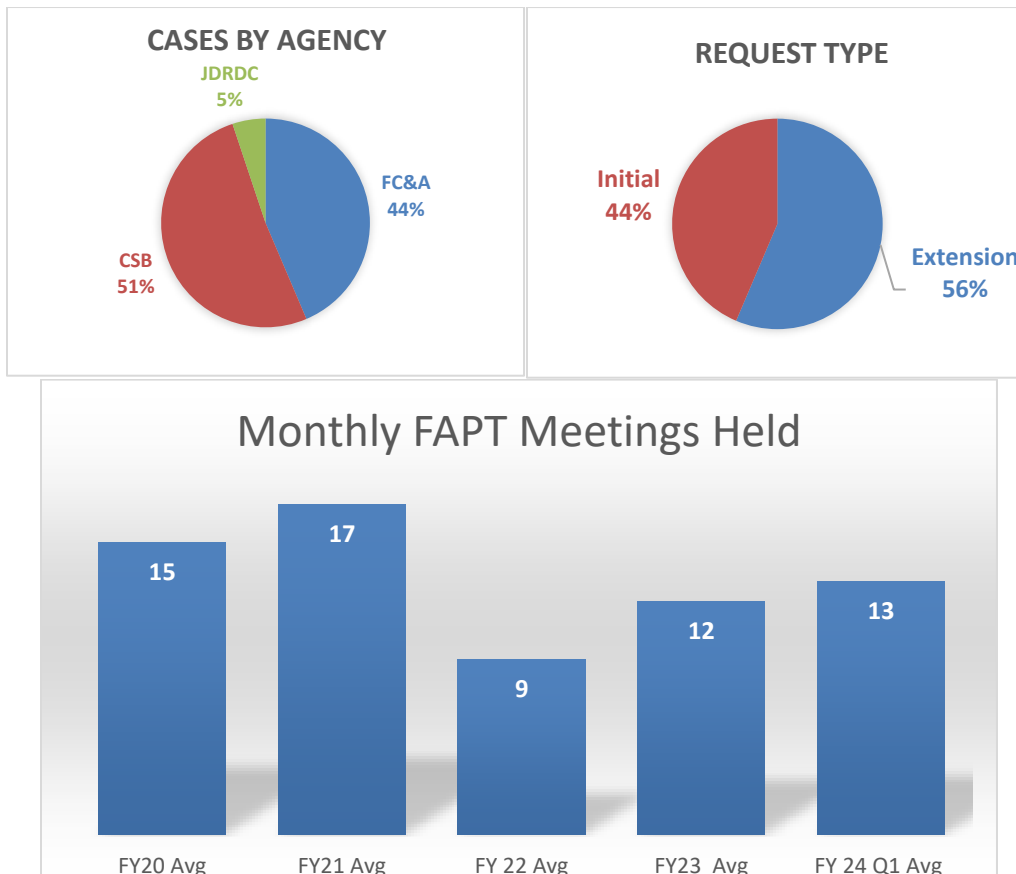
FAPT Report

For FY24 Q1, **39** meetings were held with the two standing FAPT teams. Of those **39** meetings:

- **20** referrals were from CSB (**51%**)
- **17** referrals were from FC&A (**44%**)
- **2** referrals were from JDRDC (**5%**)

Of those **39** meetings:

- **22** were requests for extensions of current placement/step down (**56%**).
- **17** were requests for initial placements (**44%**).
 - **17 (100%)** initial requests were supported with a plan for RTC/GH placement of up to 4 months.
 - **2** initial requests (**12%**) were actively receiving ICC services at the time of the FAPT meeting.
- **5** foster care youth and were placed prior to the FAPT meeting; **1** youth was parentally placed prior to the FAPT meeting.
- **7** youth (**41%**) had Substance Use Disorder (SUD) needs as the primary placement factor. This is an increase of **22%** over the last reporting period.
- There were no FAPT Appeals during this quarter.



MEMO TO THE CPMT

January 26, 2024

Information Item I- 3: Residential Site Visit Process

ISSUE: That the CSA Management Team resume the established process for conducting site visits for current and prospective residential treatment providers.

BACKGROUND:

Youth served by Fairfax-Falls Church CSA may be placed in a residential treatment facility (RTC) either via their Individual Education Plan (IEP) or by recommendation of the Family Assessment and Planning Team (FAPT) process. When a youth is placed via their IEP, Fairfax County Public School Multi-Agency Services staff attempts to visit the facility prior to placement if possible, however some youth are parentally placed and a pre-placement visit has not happened. Youth who come through the FAPT process are brought forward by a case manager from either the CSB, Juvenile Court or Foster Care & Adoption. Youth being served by Foster Care & Adoption can be placed on an emergency basis prior to coming to FAPT, however in these instances a Social Services Specialist has already visited the facility in which the youth is placed. For all youth, there must be a contract in place with CSA that ensures all licensing and other requirements are met, however they have not necessarily had staff visit onsite to evaluate the program and its physical facility.

On May 31, 2019, the CPMT supported the development and implementation of a process by which current and prospective residential program providers will be visited, reviewed, and considered for usage based on findings. Members of the CSA site visit workgroup developed a process that utilizes national best practice from the SAMHSA-endorsed Building Bridges Initiative and includes criteria for qualitative reviews of current and prospective residential providers. Following support of this plan, 3 programs were subsequently visited and reviewed by members of the site visit team and those findings and recommendations were presented to the CSA Management Team. Those programs and subsequent recommendations were as follows:

- 8/7/19 North Spring Behavioral Health
Recommendation: Remain child-specific (*this has since changed, and the CSA Management Team voted to move them to open contract status due to the number of child specific requests being made and the lack of other available programs to utilize*)

- 11/13/19 Poplar Springs Hospital
Recommendation: Remain open contract

- 2/19/20 Newport News Behavioral Health

Recommendation: Remain child-specific

Visits were then paused due to the Covid pandemic and have not occurred since. Prior to the pandemic, the intent was to increase the number of suitable and available programs, preferably Medicaid-reimbursable, within the state to allow for a wider variety of treatment options for youth. Due to a specific rise in need for Substance Use Disorder (SUD) treatment programs, new contracts have been implemented and youth placed without benefit of pre-placement visits and evaluation taking place. This group is now resuming the pre-covid process and beginning to schedule visits to those SUD programs as well as other programs. Scheduling will be prioritized around a variety of factors including providers who are new, providers with high utilization, and current providers where issues are present or have been reported. Following multiple requests from families looking to place their children at Childhelp, we visited them on 12/6/23 and are planning to visit new SUD providers Huntington Creek in Pennsylvania and Sandstone in Maryland in the upcoming quarter.

ATTACHMENTS:

RTC/GH Site Visit Tool

CSA Site Visit Tool Tip Sheet

RTC Monitoring and Site Visit Plan

STAFF:

Sarah Young, CSA



RTC/GH Agency: _____

Describe the Program Philosophy of Treatment (Approach/Model) e.g. rewards/consequence/behavioral based, positive peer culture, Sanctuary Model, Collaborative Problem-Solving, etc.: _____

1	2	3	4	5	Don't Know/
Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Doesn't Apply

	Family/Youth Guided, Individualized, Strengths Based Care	1	2	3	4	5	DK/DA	Comments
1	Goals are formed by the youth and family (with input from team members), who are able to recall goals when asked (i.e. family/youth words/language, measurable goals)	1	2	3	4	5	DK/DA	
2	Family members are encouraged to select people to participate in family team meetings	1	2	3	4	5	DK/DA	
3	Youth's strengths, interests, talents, passions, and past successes are used to address behaviors of concern	1	2	3	4	5	DK/DA	
4	Youth involved in decision making about their care (e.g. in treatment meetings, voice in decisions of aftercare services, youth advisory council, residents' meeting, helps with recruitment of staff/counselors, meal planning, initiate or give input on youth activities, suggestion box etc.)	1	2	3	4	5	DK/DA	
5	Capacity to ensure verbal and written communication/intervention based on family's language/communication needs. Family choice for cultural and language reflected in staff assignment.	1	2	3	4	5	DK/DA	
6	Accommodations are made for family who want to participate in person for therapy e.g. weekend sessions, outside of work hours, lodging at reduced rates	1	2	3	4	5	DK/DA	
7	Include youth in staff training on use of restraints and seclusion	1	2	3	4	5	DK/DA	
8	Routine opportunity for engagement in ILS and vocational skills (e.g. culinary, horticulture, budgeting, dance/music studies, technology, vehicle maintenance/repair, cosmetology, etc.)	1	2	3	4	5	DK/DA	
9	Family time/visits away from the facility decided as a team and only cancelled when there are safety concerns (not as a consequence)	1	2	3	4	5	DK/DA	
10	Staff routinely seek family advice or participation in daily life and support of child (via email, phone calls, communication during on-site visits)	1	2	3	4	5	DK/DA	
11	RTC fosters and encourages communication with youth and providers via phone and visits e.g. Community providers stay in touch with each other and w/youth throughout treatment	1	2	3	4	5	DK/DA	
12	Flexibility in time youth can talk with family and in family therapy session days/times	1	2	3	4	5	DK/DA	

RTC/GH Agency: _____

13	Assistance to family members in spending time with youth (e.g. transportation for family time, reduced cost or free lodging, etc.)	1	2	3	4	5	DK/DA	
14	Family members are called about SIRs, possible antecedents and involved in revision of safety plans and adjustment to treatment plans (using incidents to learn more about the youth's needs and adapt intervention as appropriate, partnering with family around planning response to serious incidents)	1	2	3	4	5	DK/DA	

1	2	3	4	5	Don't Know/
Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Doesn't Apply

	Staff Development and Evidence and Practice and Trauma Informed Care	1	2	3	4	5	DK/DA	Comments
1	Staff are routinely trained in trauma informed care, cultural humility, and youth guided practices	1	2	3	4	5	DK/DA	
2	Ethnicity, culture, language, values, spiritual life, gender, and family traditions reflected and supported in daily experiences (e.g. meals, religious practice opportunities, prayer time, structure for youth being called by their preferred pronoun and name, therapist gender, etc.)	1	2	3	4	5	DK/DA	
3	Ongoing Assessment	1	2	3	4	5	DK/DA	
4	Procedures in place to reduce/eliminate use of physical restraints (trauma informed practice in use, frequency and type of restraints and/or seclusion)	1	2	3	4	5	DK/DA	
5	Evidenced based practices (EPBs) are used (credentialing of therapists as appropriate for certain EBPs)	1	2	3	4	5	DK/DA	
6	Staff are observed talking, engaging, and interacting with youth during the visit (not just providing sight and sound supervision) and avoiding power struggles and triggers using knowledge of youth warning signs	1	2	3	4	5	DK/DA	
7	Physical setting appearance of being trauma informed (*See Trauma Informed Environment Checklist)	1	2	3	4	5	DK/DA	

1	2	3	4	5	Don't Know/
Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always	Doesn't Apply

	Transition/Aftercare Support and Outcomes	1	2	3	4	5	DK/DA	Comments
1	At time of admission and throughout barriers to discharge are continuously addressed	1	2	3	4	5	DK/DA	
2	Community providers and RTC staff communicate at least 1x/wk	1	2	3	4	5	DK/DA	



RTC/GH Agency: _____

3	Does the provider know who the FCPS/FCCPS representative is who will be involved with aftercare/return to learn education coordination	1	2	3	4	5	DK/DA	
4	Aftercare providers (e.g. counselors, MDs, mentor, etc.) are included in team meetings before youth transitions and there is a treatment team meeting with providers at least 30 days prior to transition	1	2	3	4	5	DK/DA	
5	Transition supports/services offered to youth and/or family following discharge (e.g. care visit within 7 days of return home)	1	2	3	4	5	DK/DA	
6	Outcomes performance data is collected from the youth, parent, and involved community providers, shared with community members (e.g. online, marketing materials, reports), and used for quality improvement	1	2	3	4	5	DK/DA	

Other Information that May Be Useful:

1. The different types of assessments and evaluations the RTC has capacity to complete or routinely completes an information on whether there are any additional costs for such assessments.

Comments/Recommendations: _____

Would you refer a friend or family member to this program? (Circle One) Yes No

Reviewer Name: _____

Date: _____

RTC Monitoring and Site Visit Plan

Background:

There is a need for CSA staff and partnering agencies to conduct visits with contracted residential facilities both when a concern arises as well as on an ongoing basis. Additionally, non-contracted facilities under consideration for placement of CSA youth need to be visited and vetted prior to placement.

For each visit:

- Completion of a comprehensive assessment tool shall be implemented
- A minimum of 2 and maximum of 4 staff members shall be present; contracts staff shall be included each time though based on staff availability may not be able to attend each visit
- CSA MT members shall solicit feedback from their respective agency case managers to be provided to CSA or contracts staff prior to visit so that specific and/or current concerns or issues can be addressed during visit

Visit Type	Staff Lead	Schedule	Post-Visit
Concern-driven	Contracts	<ul style="list-style-type: none">• As needed when concerns are raised by CSA MT regarding facility	<ul style="list-style-type: none">• Report out to CSA MT with written report outlining findings• action steps needed to address concerns shall be clearly spelled out
Ongoing	CSA/FAPT coordinator	<ul style="list-style-type: none">• Quarterly, with site determined by utilization rates and availability of facility and staff	<ul style="list-style-type: none">• Report out to CSA Management Team with written report outlining findings
New inquiries/New resource	CSA/FAPT coordinator, with help of contracts staff	<ul style="list-style-type: none">• As requested by new facilities seeking contract with Fairfax CSA	<ul style="list-style-type: none">• Report out to CSA Management Team with written report outlining findings and recommendation regarding bringing on as new resource
Child-specific	Requesting Agency	<ul style="list-style-type: none">• As needed	<ul style="list-style-type: none">• Report out to CSA Management Team with written report outlining findings and recommendation regarding placement

MEMO TO THE CPMT

January 26, 2024

Information Item I- 4: State Reporting of Administrative Costs for CSA Program

ISSUE:

That the Office of Children’s Services (OCS) requires an annual report on administrative costs required to support the local CSA program.

BACKGROUND:

All localities were required to report the administrative costs to support the local CSA program that exceed the annual state administrative allocation. The annual administrative allocation for Fairfax-Falls Church is \$99,505 with state and local shares of \$53,623 and \$45,882 respectively.

The DFS Fiscal Management team aggregated personnel costs for the various administrative staff who support CSA across the county and schools.

CSA Annual Cost FY2024		
Area	Gross Amount	Amount Supported by GF
Finance Team Support	\$ 1,956,949.90	\$ 1,005,777.21
Legal Support	\$ 6,186.13	\$ 6,186.13
DPMM Support	\$ 448,162.93	\$ 291,884.69
FRU Team	\$ 380,058.88	\$ 263,325.75
CSA Management	\$ 837,136.79	\$ 837,136.79
UR Team	\$ 816,918.19	\$ 816,918.19
School Support	\$ 378,522.90	\$ 252,492.51
Grand Total	\$ 4,823,935.71	\$ 3,473,721.26

Prepared by: Patti Conway: sent: 12/4/2023

CSA functions require 25 full-time staff and 13 staff who support CSA with some of their time.

Business Unit	100%	75%	50%	25%
DFS Finance	9	3	0	4
Legal	0	0	0	1
DPMM	1	1	1	0
FRU (contractor)	2	0	2	0
CSA Program	6	0	0	0
UR Team	5	0	0	0
FCPS Finance	2	0	0	1
Total	25	4	3	6

Personnel costs and the cost of the contract with the Federal Reimbursement Unit staff greatly exceed the annual administrative allocation. Additional local costs include staff time for the CSA Management Team and CPMT meetings. These costs were not provided to OCS.

ATTACHMENT:

None

STAFF:

Patti Conway, DFS Budget
Laura Haggerty-Lacalle, CSA
Janet Bessmer, CSA

MEMO TO THE CPMT

January 26, 2024

Information Item I-5: Serious Incident Report, FY24 Quarter 1 & 2

ISSUE: That the CPMT receive information about the disposition of reports of serious incidents that impact youth and families receiving services within the system of care as they relate to contractual requirements and service delivery.

BACKGROUND: The contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. The CSA policy manual contains procedures describing staff responsibilities in the event of serious incidents for youth receiving CSA funded services.

When serious incidents occur, contracted providers are required to give verbal or email notification of the incident to the case manager and guardian within 24 hours and a written report to the CSA Utilization Review Manager within 72 hours of the incident. This centralized reporting enables the CSA Program to review and collate reports by both the individual youth and facility.

This update includes information on adverse incidents for youth receiving CSA-funded services that have the potential to impact the safety/well-being of youth due to allegations of:

- Alleged criminal activity by the provider to include abuse/neglect of clients;
- Legal/Risk Management issues to include unsafe conditions;
- Ethical/Licensure issues to include boundary and dual relationships; and
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct.

When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are “frozen” and removed from the local CSA Provider Directory and notifications are made to case managers of youth served by the provider. Based on information provided by UR Manager and Contracts Coordinator, the CSA Management Team decides status regarding future referrals and contracts. The CSA Program Manager informs appropriate Health and Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff, and contracts analyst make site visits to assess the facility and any continued risk to the youth receiving services funded by the County.

PROVIDER RELATIONS:

Provider Outreach: During Q1 and Q2, several conversations were held with providers regarding quality of care and clinical clarity around child safety. Providers have expressed concerns with technical processes such as billing and correcting purchase orders. Some providers have confused the need to terminate services due to their misunderstandings with the technical procedures. Conversations with the providers have resulted in further clarity, stronger partnership, and communication processes, and opportunities for learning together to refine practices on behavior of children and families. It has also further clarified the need to continue services with children, youth, and families while connecting with the appropriate contacts to reconcile any billing and other procedural concerns.

In-state RTC with Corrective Action Plan: There was one corrective action in FY24 Q1 with an RTC. The plan included environment, child safety and well-being, staffing concerns, and therapeutic intervention. The CAP was thoroughly reviewed over two meetings with the leadership of the RTC and The CSA Management Team has decided to place the facility on a Tier 2 until March 2024 and re-review. In September it was learned that Goochland Child Protective Services was investigating involving a Fairfax placed youth. The outcome of the investigation by Goochland Child Protective Services was founded, Level 2. They found factual evidence that neglect had occurred at the facility and caused moderate harm to the child. As a result, the alleged neglecter's name was placed on the Virginia Child Abuse and Neglect Central registry. The facility has hired a new CEO who started in December 2023. It is planned for Q3 to begin agency clinical meetings inclusive of the RTC, CSB, and CSA have begun to address progress and services for the remaining children at the facility.

In-state RTC with child safety concerns: The CSA UR Manager and CSA Contracts Coordinator were made aware of serious concerns regarding an in-state group home. The group home was already a tier 2 program requiring a child specific contract request. The following steps have been taken:

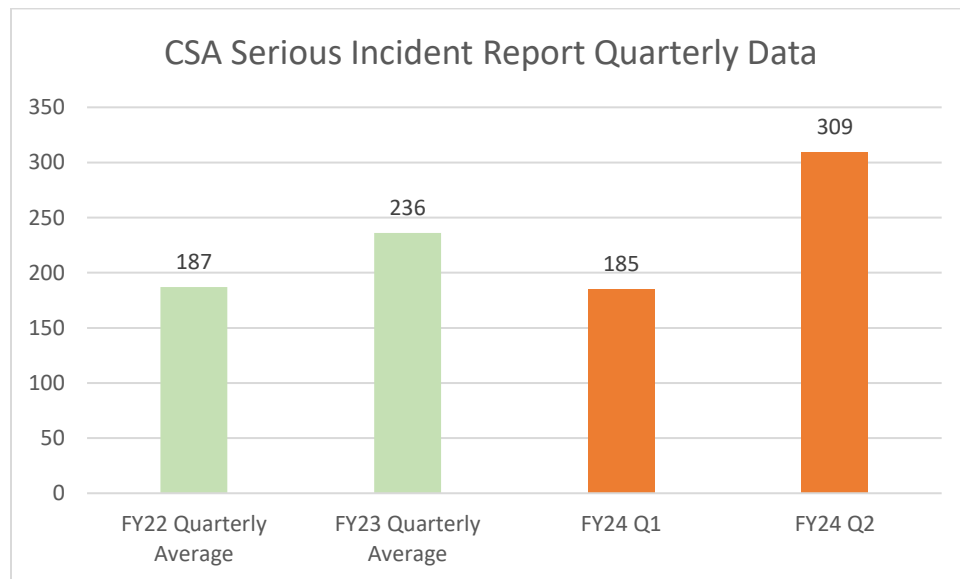
- Management Team was made aware of the concerns on 10/2/23
- No incident reports were provided in relation to the concerns until requested due to secondary concerns being brought to the attention of DFS
- There were four children placed at the facility at the time of the incident
- Both internal and CPS investigations were completed and unfounded
- The continued safety of the child was made a priority
- The facility will remain as a Tier 2 provider

Out-of-state RTC terminated staff member with founded CPS investigation: Kelly Conn-Reda, FCPS MAS notified CSA Management Team on 12/4/23 that a residential facility utilized by Fairfax County Public Schools Multi-Agency Services began internal and external investigations in October 2023. She had just learned of the incident from media reports. A staff member was alleged for engaging in misconduct with a resident not affiliated with Fairfax County. The investigation was founded, and the employee terminated. The facility leadership has reported that the employee had no contact with the Fairfax County resident. No incident report was ever received regarding this investigation.

INCIDENT REPORTING: SIRs continue to be monitored with follow up conducted on all serious incidents that require more information to ensure youth are safe in their placements. SIRs are primarily received from residential placements, day schools, and intensive care coordination. During the review of FY24 Q1&Q2, the following trends were noted:

- The total number of SIR’s received during this period was 394, with 185 in Q1 and 309 in Q2
- SIR reporting remains cyclical with the school year. An initial decrease of 60% in SIRs in Q1 comparison to the end of FY23 despite consistent enrollment rates from FY23 Q3&Q4
- Total SIRs for Q2 returned to rates comparable to the end of FY23(Q4)
- While Day Schools have four times more youth enrolled than RTCs, RTCs have higher numbers of Serious Incident Reports. On average, for every youth in day schools, we receive 1 SIR, compared to every youth in RTC we receive about 5 SIRs.

Comparison of SIRs Reported by Day Schools and RTC’s – FY 22014 – Q1 and Q2			
	Day Schools	RTCs	Total
# of SIRs	200	222	422
# of Youth Placed (Quarterly Average)	180	45	225
Ratio of SIRs per Youth	1.1	4.9	1.88



RESTRAINT & SECLUSION: In FY24, additional information is being tracked regarding restraint and seclusion to ensure the safety of our youth. The following trends were noted:

- There has been a slight increase in restraint use through FY24 Q2 despite consistent enrollment rates since the end of FY23
- Frequency of restraints are similar in both RTC and day school settings despite day schools having 5 times the enrollment numbers
- Restraints used in RTC are frequently of longer durations

- The average restraint time in residential settings was 19 minutes, ranging from 25 seconds to 85 minutes in Q1 and 12 minutes, ranging from 50 seconds to 41 minutes in Q2
 - 50% of restraints in RTC involved 1 youth. When removing the youth from calculations, average restraint time in RTC was 18 minutes, ranging from 25 seconds to 53 minutes in Q1 and 7 minutes, ranging from 50 seconds to 24 minutes in Q2
- The average restraint time in day schools across both quarters is about 2.3 minutes, ranging from 10 seconds to 6 minutes
- Physical aggression against a person continues to be the primary behavior resulting in physical restraint
- Seclusion continues to be infrequent, with 3 seclusions in Q1 and 2 seclusions in Q2

FY24 DATA COLLECTION ENHANCEMENTS: Information is being gathered to help clarify and standardize reporting requirements for providers. Additionally, data is now being collected regarding contract compliance and severity of incidents reported.

The following data has been collected and will also be considered for policy change recommendations regarding serious incident reporting:

- **Process** - A quarter of SIRs are received past 3 business days as dictated by contract with most late submissions requested or provided by the case manager or CSA.
 - This number can only include incidents CSA discovers or is notified of; there continues to be providers with enrollments where no SIRs are received and/or SIRs that are requested and received months later.
- **Severity** - A third of incidents reported resulted in emergency interventions. Two thirds of SIRs received are for incidents that did not require any additional interventions or reporting to outside agencies, and thus may not have needed an SIR.

By clarifying requirements with clear thresholds, this may decrease the overall number of SIRs received while increasing consistency of reporting. CSA would like to see a decrease in the number of reports that are not required to be made per contract. This will allow CSA to focus on providing technical assistance to providers to address more serious incidents that put youth at greater risk of harm. CSA will continue to develop recommendations incorporating information gathered from reporting requirements of related agencies and self-collected data.

STAFF:

Jeanne Veraska, Children's Services Act, UR Manager
 Laura Haggerty-Lacalle, Children's Services Act, Assistant Director
 Jamie Mysorewala, Children's Services Act, UR Analyst



MEMO TO THE CPMT

January 26, 2024

Information Item I - 6 : CSA Policy and Procedure Manual Update FY - 2024

ISSUE:

The CSA Management Team has updated the CSA Policy and Procedures Manual to align with current policy and practice and is seeking CPMT approval of final changes.

BACKGROUND:

Periodically, the CSA MT reviews and updates the CSA Policy and Procedures Manual to ensure that recent changes in policy and practice are incorporated. From September to December 2023, the team has reviewed and updated the manual to reflect the known changes. There were no significant policy changes added. The majority of the changes were to provide process and role clarification. Key areas addressed include: System of Care Standards, CSA as distinct entity from Health Minds Fairfax, LEDRS reporting for reimbursement, Utilization Review, Equity, and electronic records management.

Additionally, CSA is currently working with DFS IT and a contracted vendor to implement a new information system to replace Harmony. It is anticipated that this will result in significant process changes in the future. Those changes will be incorporated into the manual after system implementation.

RECOMMENDATION:

The CSA Management Team recommends adoption of the updated CSA Policy and Procedures Manual – FY 2024 for distribution and use.

ATTACHMENT:

CSA Policy and Procedures Change Log
CSA Policy and Procedures Manual – FY 2024

STAFF:

Janet Bessmer
Laura Haggerty-Lacalle

Item #	Update/Addition	Comments	Section	Updated
1	Update to org chart	Editorial	Section 4.3 p. 25	12/27/2023
2	Mission, vision, and values	Need to update(for future). Took out references to HMF.	Section 3.1 p.14	
3	DAHS eliminated, replaced with DPMM or DFS Finance where indicated	Reflection of dissolution of DAHS	p.87	12/27/2023
4	Correction of FairfaxNet to Sharepoint site		Section 4.5	
5	Billing for UR reports .	Update the Billing for UR Reports section.	Setion 4.8 p. 30	1/15/2024
6	Parental Financial Responsibilities	Editorial comments made.	Section 5.1 p.46	12/27/2023
7	In Section 5.1 - can sub-divide these sections to make it more manageable.	Sub-divide for clarity.	Section 5.1 p.46	1/23/2024
8	Co-pay	Duplicative co-pay information. Need to clean up and decide if it goes in 1 place (CM section) or 2 places (CM and FRU). Add more information	p.47	1/23/2024
9	LEDRS Reporting	on the new LEDRS submission process as of 10/2023. Need to	Section 9.3 p.70 (Budget Management); Section 27.1	1/17/2024
10	Service Summaries	Review Service Summaries section for editing for process clarity.	p. 73	1/10/2024
11	Security of Records - Open Text	Need to update to use of Align with DFS policy where applicable.	Section 21 p.92	12/23/2023

Item #	Update/Addition	Comments	Section	Updated
12	Gas Cards and Parental Contribution	Gas Card and parental contribution re-write to align with DFS and Local policy.	Section 21, 22, and 23	1/4/2024
13	Update the AR section for changes in process.	Alicia Gallogly to make sure it is correct. Also given that she will be hiring for Kristi's replacement.	Section 26.7 p 98 and 99.	1/5/2024

MEMO TO THE CPMT

January 26, 2024

INFORMATION ITEM I – 7: CSA Coordinator’s Report

ISSUE:

To improve communication, engagement and oversight of the CSA program, the CSA Coordinator will provide the CPMT with a summary of current trends and issues in the service delivery system.

BACKGROUND:

The CSA Management Team, CSA Program staff and DFS Fiscal Management staff provide administrative and operational support for our local implementation of the Children’s Services Act. To facilitate the CPMT’s long-range planning, monitoring, and oversight of the effectiveness of the CSA program¹, the CSA Coordinator will provide a summary of trends and issues for CPMT’s consideration.

Issue #1: Appeal Hearing at the State Executive Council (SEC) on December 14th (operational efficiency/fiscal stewardship)

Fairfax-Falls Church CSA was granted a waiver of the requirement for all FY23 reimbursement requests to be submitted by Sept 30th due to mitigating circumstances. Our local program inadvertently missed the submission of our June Local Expenditure and Data Reporting System (LEDRS) report. The June report was validated and completed but not submitted. Procedures to identify this omission were impacted by a system-wide outage of the county’s financial system at the end of August. Fairfax presented information to the SEC about the impact of this outage on our monitoring of revenue. OCS has made changes to the state system preventing a similar missed monthly report and local staff have changed the business process for reporting to enhance monitoring and oversight of reimbursement requests.

Issue #2: Revision to Parental Contribution Processes (operational efficiency)

- i) Staff in the Dept of Management and Budget (DMB) are working with CSA to update the scale used for assessing parental contributions. The new scale is scheduled for

¹ § 2.2-5206. Community policy and management teams; powers and duties. 4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;

CPMT review in February. CSA can also then review the impact of the collections process with the Dept of Tax Administration (DTA).

- ii) The CSA public website has been updated to include a link for online credit card payments that also accepts Flexible Medical Spending cards.

Issue #3: Technology Support for CSA (operational efficiency)

IMS Development As noted in the last report, the replacement for our current information system is under development. The CSA Management Team agency representatives will work with CSA and DFS IT to ensure a training and transition plan is developed for teaching the case managers to use the new system for their CSA functions in the future. Managers and supervisors will be trained to use the new system in the first wave of users. Implementation is scheduled for May, 2024.

Communications CSA staff have partnered with DFS Communications to update our public website to be more family friendly and accessible. CSA has also developed new outreach tools such as a Rack Card, Banner and Flyer for marketing events when needed.

Issue #4: Collaboration with Courts (Equitable Access)

CSA will be providing an informational presentation about CSA to the juvenile court judges on February 6th. Many of the newer judges in the system are less familiar with how CSA supports agencies with direct care responsibilities such as DFS Children, Youth and Families (CYF) division and the JDRDC Court Services staff. Opportunities for renewing partnerships around key issues for youth such as substance use disorder and attendance may be available.

Upcoming Events:

- March 13th – Northern Virginia CSA Symposium and Vendor Expo, CPMT Roundtable held at the Northern Virginia Community College 8 am – 1 pm
- May 7th Children’s Mental Health – “Inclusion & Awareness” Event 2024.

ATTACHMENT:

None

STAFF:

Janet Bessmer, CSA Director, Fairfax-Falls Church

23RD ANNUAL CSA SYMPOSIUM & PROVIDER EXPO

NORTHERN VA
COMMUNITY COLLEGE
ERNST CULTURAL CENTER
8333 LITTLE RIVER TURNPIKE
ANNANDALE, VA 22003

THIS YEAR'S SYMPOSIUM WILL EXPLORE THE IMPACT OF DIVERSE CULTURES, LANGUAGES, AND COUNTRIES OF ORIGIN ON OUR SERVICE DELIVERY SYSTEM.



WEDNESDAY
MARCH 13, 2024
8:00 AM - 1:00PM



THIS EVENT IS SPONSORED IN COLLABORATION WITH
THE NORTHERN VIRGINIA
REGION'S COALITION OF PRIVATE PROVIDER
ASSOCIATIONS (NOVACO) AND THE
CSA MANAGERS FOR THE JURISDICTIONS OF ARLINGTON COUNTY, CITY OF
ALEXANDRIA, CITY OF MANASSAS, FAIRFAX FALLS CHURCH, LOUDOUN
COUNTY AND
PRINCE WILLIAM COUNTY.



Information Item I-8: November Budget Report & Status Update, Program Year 2024

ISSUE:

CPMT members monitor CSA expenditures to review trends and provide budget oversight.

BACKGROUND:

The Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2023 cumulative expenditures through November for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

- Average cost per child for some Mandated categories
- Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

Total Pooled Expenditures: Pooled expenditures through November 2023 for FY24 equal \$9.5M for 665 youths. This amount is an increase from last year by approximately \$1.5M, or 19.91%. YTD Pooled expenditures for FY23 equaled \$7.9M for 682 youths.

The chart below includes FY23 as a reference to prior year comparison.

	Program Year 2023	Program Year 2024	Change Amt	Change %
Residential Treatment & Education	\$1,338,927	\$1,825,595	\$486,668	36.35%
Private Day Special Education	\$3,997,609	\$3,988,110	(\$9,499)	-0.24%
Non-Residential Foster Home/Other	\$2,265,573	\$2,407,793	\$142,220	6.28%
Community Services	\$795,856	\$1,252,837	\$456,981	57.42%
Non-Mandated Services (All)	\$190,881	\$317,935	\$127,054	66.56%
Recoveries	(\$371,005)	(\$286,401)	\$84,604	-22.80%
Total Expenditures	\$7,927,414	\$9,505,869	\$1,578,455	19.91%
Residential Treatment & Education	42	70	28	66.67%
Private Day Special Education	190	165	(25)	-13.16%
Non-Residential Foster Home/Other	219	246	27	12.33%
Community Services	366	392	26	7.10%
Non-Mandated Services (All)	108	117	9	8.33%
Unique Count All Categories	925	990	65	7.03%
Unduplicated Youth Count	682	665	(17)	-2.49%

Note: The number of youths served is unduplicated within individual categories, but not across categories.

The Office of Children’s Services

Expenditure claims have been submitted to the State Office of Children’s Services (OCS) through November 2023. Revenue has been received through October 2023.

FY2024 OCS SUBMISSIONS						
Date Submitted	Month	Amount Submitted	STATE	Medicaid Withholding	State Total Reimbursement	Date Received
8/29/2023	Adm Allocation	\$ 99,505.00			\$ 53,623.00	11/16/2023 **
8/28/2023	July	\$ 74,018.78	\$ 40,047.76	\$ 40,047.76	\$ -	
9/26/2023	August	\$ 1,041,073.79	\$ 579,099.60	\$ 52,126.39	\$ 526,973.21	11/16/2023
11/6/2023	September	\$ 1,873,550.89	\$ 1,064,890.82	\$ 38,800.82	\$ 1,026,090.00	11/30/2023
12/6/2023	October	\$ 2,428,534.53	\$ 1,378,301.10		\$ 1,378,301.10	12/29/2023
1/3/2024	November	\$ 4,088,691.61	\$ 2,248,283.96			
TOTAL		\$ 9,505,869.60	\$ 5,310,623.24	\$ 130,974.97	\$ 2,931,364.31	

**State total reimbursement does not include Administrative Allocation.

RECOMMENDATION:

For CPMT members to accept the November Program Year 2024 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Sandra Rojas Giraldo, Patti Conway, and Timothy Elcesser

NOTE:

Program Year 2024 Year To Date CSA Expenditures and Youth Served (through November Payment)

Trans Descrip Payment

Mandated/ Non-M. Residential/ Non-Residential	Serv Type Descrip	Data		Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures		
		Total \$	Uniq								
Mandated	Residential	Residential Treatment Facility	\$1,167,947	42	57.64%	\$1,167,947	42		\$1,167,947		
		Group Home	\$76,876	4	57.64%	\$76,876	4		\$76,876		
		Education - for Residential Medicaid Placements	\$290,373	15	46.11%	\$228,406	14	\$61,967	1	\$290,373	
		Education for Residential Non-Medicaid Placements	\$290,399	9	46.11%	\$232,858	8	\$57,541	1	\$290,399	
	Residential Total		\$1,825,595	70		\$1,706,086	68	\$119,509	2	\$1,825,595	
	Non Residential	Special Education Private Day	\$3,988,110	165	46.11%	\$88,699	6	\$3,899,412	159	\$3,988,110	
		Wrap-Around for Students with Disab	\$105,863	38	46.11%	\$105,863	38			\$105,863	
		Treatment Foster Home	\$1,451,582	90	46.11%	\$1,451,582	90			\$1,451,582	
		Foster Care Mtce	\$416,765	77	46.11%	\$416,765	77			\$416,765	
		Independent Living Stipend	\$116,585	22	23.06%	\$116,585	22			\$116,585	
		Community Based Service	\$973,604	293	23.06%	\$973,604	293			\$973,604	
		ICC	\$279,233	99	46.11%	\$279,233	99			\$279,233	
		Independent Living Arrangement	\$316,998	19	46.11%	\$316,998	19			\$316,998	
		Non Residential Total		\$7,648,740	803		\$3,749,328	644	\$3,899,412	159	\$7,648,740
		Mandated Total		\$9,474,335	873		\$5,455,415	712	\$4,018,920	161	\$9,474,335
Non-Mandated	Residential	Residential Treatment Facility	\$59,649	2	23.06%	\$59,649	2		\$59,649		
		Education for Residential Non-Medicaid Placements	\$3,780	1		\$3,780	1		\$3,780		
	Residential Total		\$63,429	3		\$63,429	3		\$63,429		
	Non Residential	Community Based Service	\$174,347	66	23.06%	\$174,347	66		\$174,347		
		ICC	\$80,159	48	23.06%	\$80,159	48		\$80,159		
Non Residential Total		\$254,506	114		\$80,159	114		\$254,506			
Non-Mandated Total		\$317,935	117		\$143,588	117		\$317,935			
Grand Total (with Duplicated Youth Count)		\$9,792,270	990		\$5,599,003	829		161	\$9,792,270		

Recoveries	-\$286,401
Total Net of Recoveries	\$9,505,870
Unduplicated child count	665

Key Indicators	Cost Per Child		Prog Yr 2023 YTD	Prog Yr 2024 YTD
	Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$11,624	\$14,295
Average Cost Per Child Mandated Residential (unduplicated)		\$33,473	\$33,807	
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$11,300	\$13,325	
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$2,174	\$3,196	
Average costs for key placement types				
Average Cost for Residential Treatment Facility (Non-IEP)		\$19,363	\$27,808	
Average Cost for Treatment Foster Home		\$14,996	\$16,129	
Average Education Cost for Residential Medicaid Placement (Residential)		\$53,031	\$19,358	
Average Education Cost for Residential Non-Medicaid Placement (Residential)		\$40,324	\$32,267	
Average Special Education Cost for Private Day (Non-Residential)		\$21,040	\$24,170	
Average Cost for Non-Mandated Placement		\$1,767	\$2,717	

Category	Program Year 2024 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2024 Allocation	\$499,469	\$104,206	79%
Non Mandated Program Year 2024	\$1,630,458	\$299,523	82%
Program Year 2024 Total Allocation	\$33,538,460	\$9,505,870	72%

Column D to F are hidden

goes to YTD analysis table C2
goes to YTD analysis table C3

\$2,407,793	minus special ed, then goes to YTD analysis table C4
\$1,252,837	goes to YTD analysis table C5

goes to YTD analysis table C6

goes to YTD analysis table C7

LEDRS unique kids count, corroborate with Index&subobject with outgoing check report
|

of kids from tab "Undup counts"
of kids from tab "Undup counts"
47%
44%
8%
-63%
-20%
15%
54%